

*THE RELATION OF PHYSICAL
EXAMINATIONS TO PUBLIC SCHOOL
SPECIAL CLASSES*

—BY—

FRANKLIN W. BARROWS, M. D.

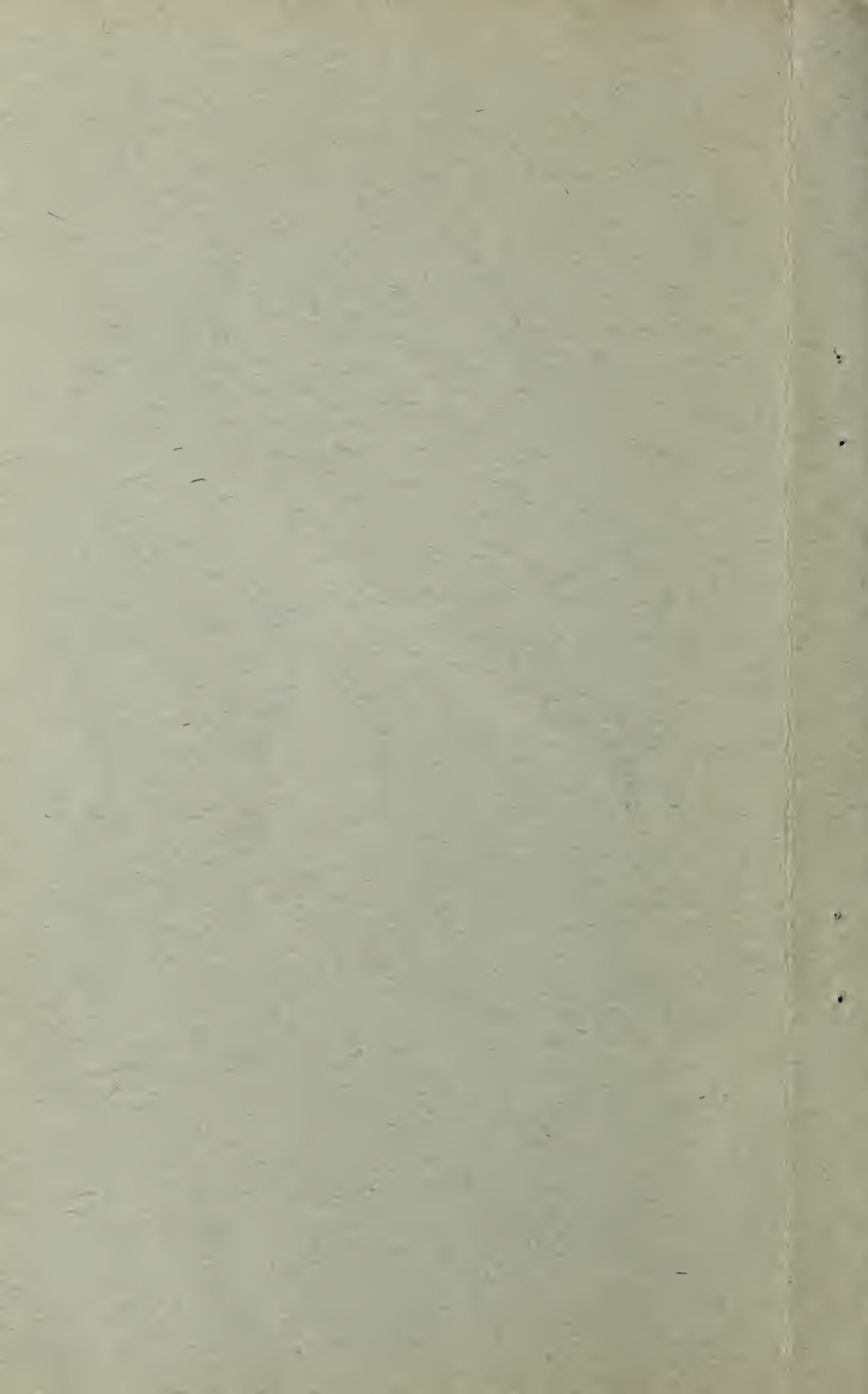
Assistant State Medical Inspector of Schools
State Department of Education
Albany, N. Y.

UNIVERSITY OF ILLINOIS LIBRARY

FEB 10 1922

Reprinted from "THE STATE HOSPITAL QUARTERLY," February, 1921

UTICA, N. Y.
STATE HOSPITALS PRESS
1921



B27r 371.9
B27r

THE RELATION OF PHYSICAL EXAMINATIONS TO PUBLIC SCHOOL SPECIAL CLASSES*

BY FRANKLIN W. BARROWS, M. D.,
ASSISTANT STATE MEDICAL INSPECTOR OF SCHOOLS
STATE DEPARTMENT OF EDUCATION, ALBANY

175622

It is the purpose of this paper to state briefly the existing conditions under which public school pupils are selected for special classes and to suggest means at hand by which our State law may be more effectively enforced in so far as medical examinations are concerned.

Some years ago the writer observed a psychologist in one of the largest cities on the continent—not in this State—subjecting candidates to a mental test and then conducting and recording a fairly ambitious physical examination. When asked if it would not be advisable to have the physical examination made by a physician, the psychologist resented the apparent criticism and replied that it would be possible to have a school medical inspector do the work but it was not necessary or desirable. This ridiculous performance has been paralleled, however, in this enlightened State of New York by certain physicians utterly devoid of psychological skill, who after making a physical examination of their patients have gravely essayed to pass upon their intelligence. One such doctor, being asked in the county court what sort of mental tests he employed in diagnosing feeble-mindedness, informed the judge that he applied “the rule of common sense.” Fortunately the judge had a larger stock of common sense than the doctor.

27622

The selection of backward pupils for the special class and their management in the class calls for the most clear cut division of labor and the most efficient team work on the part of the physician, the psychologist, and the teaching force. That school is fortunate that can command the services of a physician who is a competent neuro-psychiatrist. The conspicuous lack of such talent in our schools makes the special class a grave problem.

* Read at the Inter-Hospital Meeting, Binghamton, January 18, 1921.

Unacc

Dr. Burnham, of Clark University, asserts that feeble-mindedness should be recognized first in the public school. Were he a physician as well as a psychologist he would agree with Dr. Owen Copp, that "the dominant figure in mental hygiene must be the physician in general practice:" because "the family physician first sees the incipient mental and nervous conditions of abnormal character or tendency. He must afford, or guide to, their earliest recognition and treatment, The physicians of the State should have a definite policy and controlling influence in all health and disease problems, both mental and physical."

Dr. Copp is perfectly sound as to the function of the physician. Unfortunately, however, the majority of our family physicians cannot qualify as "dominant figures" in mental hygiene. They may see, but they fail to recognize the "incipient mental and nervous conditions" of which he writes, and knowing them not they fail to guide the unfortunate child to any source of relief. If they are not literally blind leaders of the blind they are at best feeble leaders of the feeble.

A mother brought her feeble-minded boy to a psychological examiner with this history: "When my boy was eight years old I took him down to New York to see a doctor who was considered a great authority on mental conditions. He must be a great doctor because one member of his family made a wonderful record as a U. S. Navy officer. Well, the doctor gave my boy a thorough examination and said, 'Don't worry about him, mother. He is a little dull, of course, but he'll surely outgrow it. Just wait until he is thirteen years old and he'll be all right.' So we have waited five years in hope that the doctor's word would come true. But I am disappointed because he doesn't seem any smarter than he was when the doctor saw him."

Another woman, who had waited several years in the vain hope that her imbecile boy might show some awakening, said, "I have asked my doctor year after year to tell me what he knows about this boy but he never gave me any

satisfaction. Now I am just a plain working woman, and I take in washing for a living, but I have thought and thought about my boy, and I want to tell you how he looks to me. It seems to me that my boy's body has kept on growing and growing for four or five years but his mind, or brain, or something, quit growing and just stays where it was."

Instances like these might be multiplied to show that there are backward physicians as well as backward children. I knew one doctor, however, a very successful general practitioner, who met me one day with the cheerful announcement: "I've just discovered a moron on one of my visits." "How old is your moron?" I inquired. "A year and a half" said my enthusiastic friend, and when I expressed a slight doubt he added "I guess *you* don't know what a moron is! Why don't you read your medical journals?"

The educational world, like the mothers just mentioned, is waiting, rather impatiently, for the day when the rank and file of the medical profession shall be ready and willing to give adequate assistance in the selection and care of special class children. This is not the place nor the time to inquire and explain why it is that our doctors default in this obligation to society,—why it is that the psychologist and the pedagogue are driven to undertake tasks and perform functions that belong clearly to the medical profession. We need not despair of the doctor, however. He will answer our call a little later in the day. We only regret that he is not on hand just now, to render first aid in our new and puzzling work of caring for the special child.

We come back, necessarily but reluctantly, to Burnham's point of view and we realize that in most instances the feeble-minded or atypical child is recognized first in the public school.

With Burnham we agree also that every school child should have a careful medical examination at the very beginning of his school career—in the kindergarten or first grade. This most important function, as well as the annual physical examination of all school children devolves upon

the medical inspector of schools, to whom the practitioners by common consent seem to have consigned the physical welfare of the school child, except when he is too ill to attend school. If the truth must be told, the medical inspector of schools is far from ideal in many cases, because the school authorities cannot or do not make the position sufficiently dignified and profitable to command the interest of the most ambitious beginners in medical practice. Be it so, the least that we can ask of the medical inspector, and his more influential colleague, the general practitioner, is that they shall take a real human interest in the school child, especially the child that is in greatest need of a friend; that they shall establish close relationships with the specialists in neuro-psychiatry and psychology and have the grace to consult with them on cases that baffle the skill of the general practitioner; that at least they shall not coldly resent the wish of their patients to seek the advice of specialists in mental hygiene; that they shall accord to these brethren the same hearty support that they now give to the radiographer or the bacteriologist.

If this body can assist us in formulating a procedure nicely adapted to the medical examination and direction of the special school child, a procedure that does not, on the one hand, belittle the general practitioner, nor, on the other hand, impose too great a burden upon him, we may succeed, in time, in obtaining more conscientious and painstaking attention to the details of the physical examination and the subsequent medical guidance and treatment by which we accomplish the salvage, partial or complete, of the backward child.

With this understanding, the doctor who is both willing and patient will find the means at hand in every school to pave the way for the work of the psychologist and the special teacher. Our standard Health Record Card calls for certain medical and physical data, tabulated as follows:

Part I. Name, address, age, birthplace and general health of child and both parents.

Record, with dates if possible, of child's communicable dis-

eases, including tonsillitis, tuberculosis (in self and associates), record of vaccination and surgical operations.

Part II. Health record for nine successive years, beginning with the kindergarten. The data obtained by medical examination are classified under the following heads: height, weight, nutrition, teeth, nasal breathing, tonsils, lymph glands, goiter, nervous system, speech, eyes, ears, heart, lungs, orthopedic conditions, hernia, skin or scalp conditions, other conditions.

Part III. Pupil's Relief Record, being a record of treatment received during the nine years of school attendance, and the results of said treatment.

We are accustomed to telling our school medical inspectors that any doctor who gives careful attention to all the details of this record card will be pretty sure to find any other important physical abnormalities from which the child may suffer. We are constantly urging, also, the necessity of consultation with specialists in all fields of medicine and surgery.

The health education service of the State Department of Education is manned by trained neuropsychiatrists and psychologists who are available whenever there are special classes in operation or in process of organization for purposes of consultation or segregation of children who should have special class instruction. The staff is engaged now in standardizing and coordinating the medical and psychological methods in use in the 55 cities which have one or more special classes.

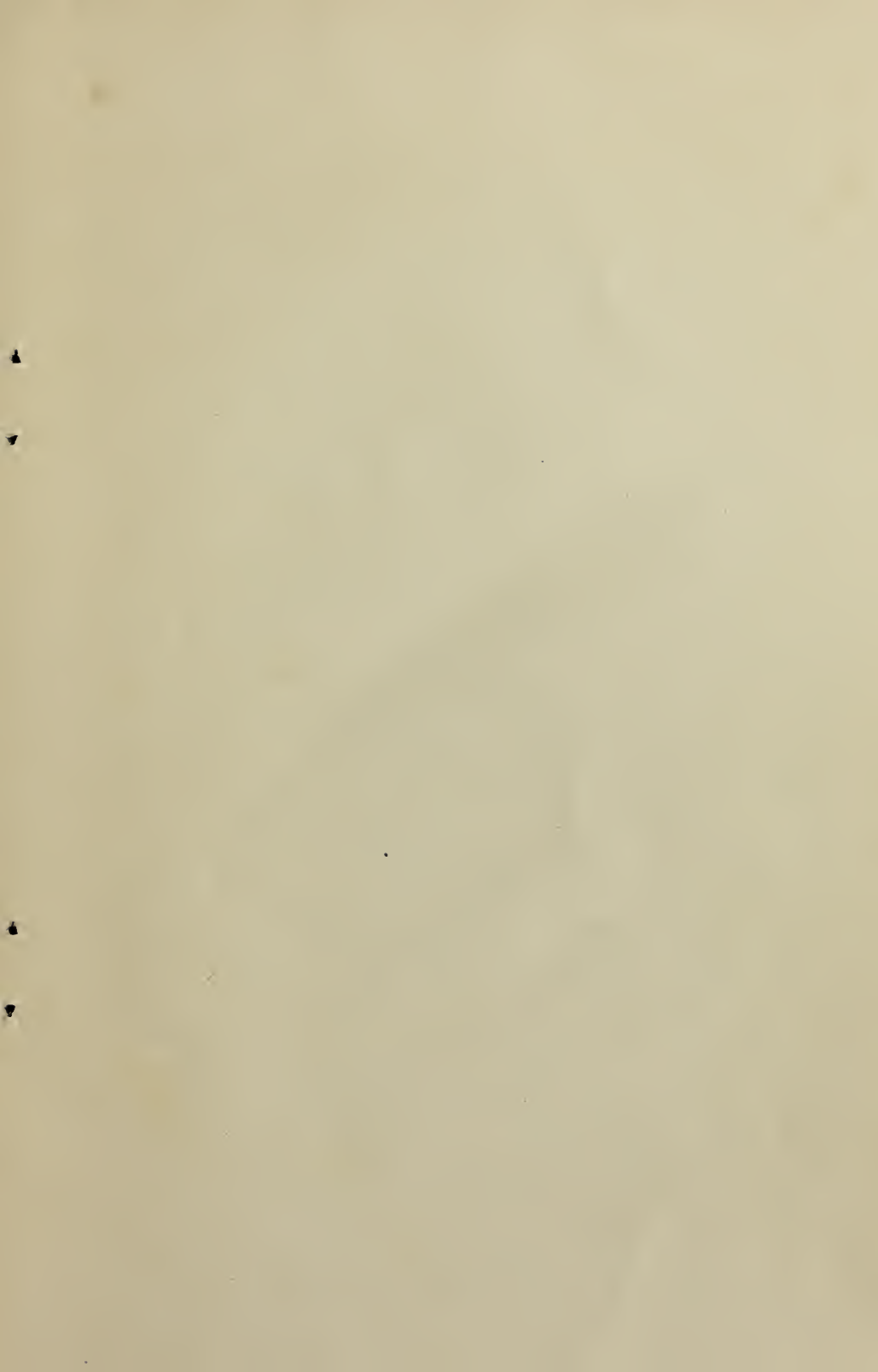
What we designate as "followup work" is the distinctive field of the school nurse, who is the medium by whom cases needing direction are brought face to face with the doctor or surgeon. Dr. Gesell, referring to this phase of "human engineering" in our schools, suggests:


"The development of a new type of school nurse, who by supervision, corrective teaching, and home visitation, will further the concrete everyday tasks of mental hygiene. This psychological school nurse would be a counterpart of the medical school nurse and work in close contact with her; but she would revolve in a different circle of problems.

Instead of pupils with discharging ears and deteriorating molars, her clients would be the child with night terrors, the nail biter, the over tearful child, the over silent child, the stammering child, the extremely indifferent child, the pervert, the infantile child, the unstable choreic, and a whole host of suffering, frustrated and unhealthily constituted growing minds, that we are barely aware of in a quantitative sense, because we do not have the agencies to bring them to our attention as problems of public hygiene and prophylaxis."

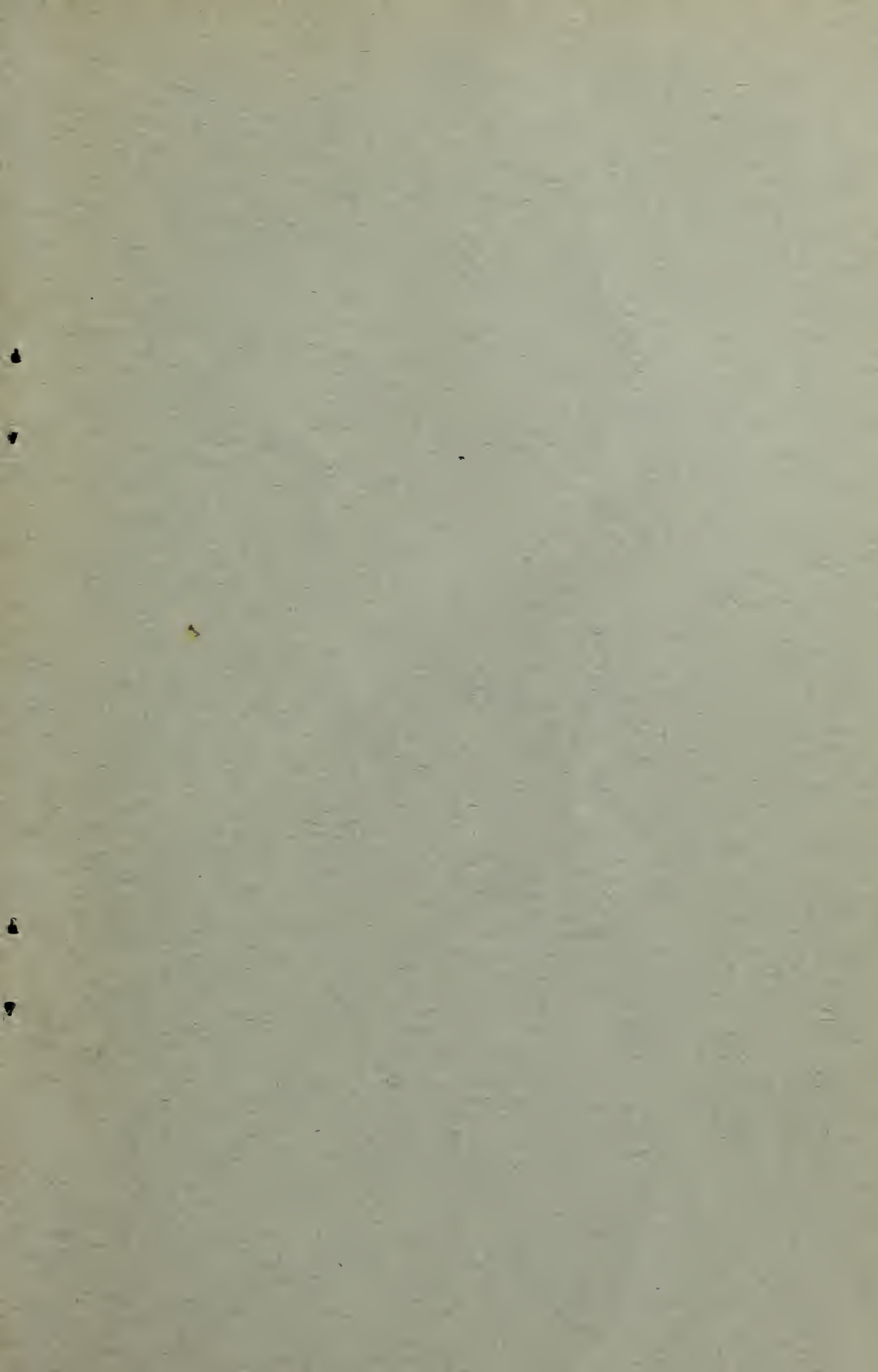
In our special class service, the medical inspector is obliged to take a large share of responsibility for this work of correction or cure of physical defects. It is entirely unnecessary for me to remind my present audience that the mental retardation of the special class child may be due to defects of vision, or hearing, or any one of many physical causes and that any treatment sufficing to remove or palliate the physical condition may result in a restoration of the child to normal mentality, or better. It is necessary however to keep these facts constantly before the whole corps of teachers, nurses and doctors, who conduct the activities of the special class. To this end, the annual physical examination of the special child becomes an event of greater importance than the routine examination of the average pupil. Doctors and nurses are asked to contribute all sorts of data on the health and activities of the child, in the hope that some clue may be found to a more effective treatment,—at least to a more dependable prognosis—from year to year. Reference to these *extra* requirements in examination of the special child is not necessary in this audience, where all are familiar with the methods of examination and study in the fields of neurology and neuropsychiatry.

Finally, we welcome the cooperation of this body of workers in mental hygiene, confident that their example and influence will go far in stimulating more conscientious and accurate medical work on the part of those who are responsible for the medical direction of our school health service.





Digitized by the Internet Archive
in 2017 with funding from
University of Illinois Urbana-Champaign Alternates





3 0112 062157240